

| POSITION                  | INITIALS | ID NO. | DATE     |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION         | TD       |        | 11-2-00  |
| O.I.P.E. CLASSIFIER       |          |        | 1/8/00   |
| FORMALITY REVIEW          | WM       | 865    | 12-01-00 |
| RESPONSE FORMALITY REVIEW | gph      | 1030   | 4-11-01  |

### INDEX OF CLAIMS

|   |                            |   |              |
|---|----------------------------|---|--------------|
| ✓ | Rejected                   | N | Non-elected  |
| = | Allowed                    | I | Interference |
| - | (Through numeral) Canceled | A | Appeal       |
| + | Restricted                 | O | Objected     |

| Claim | Final | Original | Date |
|-------|-------|----------|------|
| 1     | 1     | 1        |      |
| 2     | 2     | 2        |      |
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| Claim | Final | Original | Date |
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| Claim | Final | Original | Date |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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